DEPARTMENT OF CALIFORNIA HIGHWAY PATROL PAGE(S) DEPARTMENT TRAVEL EXPENSE CLAIM 1 of 1 California Highway Patrol Relocation Out of State CHP 262 (Rev. 3-93) OPI 071 WORK TELEPHONE NUMBER SOCIAL SECURITY NUMBER I. D. NUMBER CLAIMANT'S NAME (916) 657-7152 009486 Joseph A. Farrow LOCATION CODE DIVISION OR BUREAU CB / ID NUMBER POSITION 001 Office of the Commissioner M05 Commissioner HEADQUARTERS ADDRESS RESIDENCE ADDRESS 2555 1st Avenue CITY, STATE, AND ZIP CODE CITY STATE AND ZIP CODE Sacramento, CA 95818 TRANSPORTATION 1 MONTH / YEAR 5. MEALS D. PRIVATE CAR USE TOTAL O.T., L/T, N/C, RELO. OR BUSINESS March 2009 LOCATIONS WHERE **EXPENSES** BREAKFAST INCIDENTALS COST OF TOLLS. LUNCH TYPE LODGING MILES AMOUNT EXPENSE EXPENSES WERE INCURRED FOR DAY 2. DATE TIME DINNER USED PARKING 135 62 A/TO 24 0900 Sacramento to Burbank 125.62 10.00 40 00 25 2000 Burbank to Sacramento 6.00 10 00 18 00 6.00 A/TO 10 175 62 6 00 **CLAIM TOTAL** 125.62 6 00 20.00 12. NORMAL WORK HOURS 11 PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED) Attended Bimonthly California Highway Patrol Top Management Meeting. 0800-1700 13. REGULAR DAYS OFF Saturday/Sunday 14. PRIVATE VEHICLE LICENSE NUMBER 15 MILEAGE RATE CLAIMED **ACCOUNTING USE ONLY** PAID FOR BY REVOLVING CHECK NUMBER 16. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seal belt usage. SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT DATE CLAIMANT'S SIGNATURE (blue ink only) DATE DATE SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES ADMINISTRATIVE SERVICES OFFICER

STATE OF CALIFORNIA